

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORMS PTO-875)

SERIAL NO.

10/598760

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6	1		1			
7		1		1		
8		1		1		
9	1		1			
10		1		1		
11		2		1		
12		2		1		
13		2		1		
14		2		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	33	←	25	←		←
TOTAL CLAIMS	36		28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						